

PTO/SB/21 (07-08)

Approved for use through 09/30/2006. OMB 0651-0031

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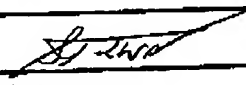
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/722,203	
	Filing Date	11/25/2003	
	First Named Inventor	Corey A. Salzer	
	Art Unit	3729	
	Examiner Name	Paul D. Kim	
Total Number of Pages in This Submission	18	Attorney Docket Number	27441/010

ENCLOSURES (check all that apply)

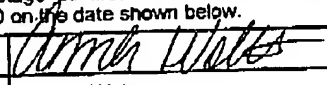
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
Remarks It is believed that no additional fees are due in this matter. However, if it is determined that additional fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	The Ollila Law Group LLC		
Signature			
Printed Name	Steven L. Webb		
Date	1/10/2007	Reg. No.	44,395

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date	1/10/2007
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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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FEE TRANSMITTAL for FY 2006		Complete If Known RECEIVED CENTRAL FAX CENTER JAN 10 2007	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 10/722,203	Filing Date 11/25/2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor Corey A. Salzer	Examiner Name Paul D. Kim
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00		Art Unit 3729	Attorney Docket No. 27441/D10

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 502622 Deposit Account Name: The Ollila Law Group LLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ -3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal, Appeal Brief

1,000.00\$

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,395	Telephone	(303)938-9999
Name (Print/Type)	Steven L. Webb	Date	1/10/2007		

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